County: Door DORCHESTER HEALTH & REHAB 200 NORTH 7TH AVENUE STURGEON BAY 54235 STURGEON BAY 54235 Phone: (920) 743-6274
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 125
Total Licensed Bed Capacity (12/31/00): 147
Number of Residents on 12/31/00: 107 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 105 107

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No Yes No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardioyascular	% 0. 0 37. 4 5. 6 0. 0 0. 0 1. 9 2. 8 15. 9	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	5. 6 13. 1 24. 3 45. 8 11. 2	Less Than 1 Year 1 - 4 Years More Than 4 Years *************************** Full-Time Equivale Nursing Staff per 100 R (12/31/00)	47. 7 38. 3 14. 0
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No No	Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	6. 5 5. 6 5. 6 18. 7 100. 0	Sex Mal e Femal e	29. 9 70. 1 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	7. 5 7. 8 36. 8

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay]	Manage	d Care	Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	15	100.0	\$190.00	59	85. 5	\$94. 38	0	0.0	\$0.00	23	100.0	\$152.00	0	0.0	\$0.00	97	90. 7%
Intermedi ate				10	14. 5	\$78. 07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	10	9. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	15	100.0		69	100. 0		0	0.0		23	100.0		0	0.0		107	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as o	f 12/31/	′00
beachs builting kepoliting relifou		1		9	Needi ng		7	Total
Percent Admissions from:		Activities of	%		sistance of	% Totally		nber of
Private Home/No Home Health	7. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Res	si dents
Private Home/With Home Health	6. 1	Bathi ng	0.0		81. 3	18. 7	1	107
Other Nursing Homes	2. 2	Dressing	12. 1		79. 4	8. 4	1	107
Acute Care Hospitals	80. 3	Transferring	28. 0		53. 3	18. 7		107
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 8		65. 4	16. 8		107
Reĥabilitation Hospitals	0. 0	Eati ng	53. 3		36. 4	10. 3	1	107
Other Locations	3. 5	****************	******	******	******	*******	******	******
Total Number of Admissions	229	Continence		%	Special Trea			%
Percent Discharges To:		Indwelling Or Externa		9. 3		Respiratory Care		8. 4
Private Home/No Home Health	13. 9	Occ/Freq. Incontinent		54 . 2		Tracheostomy Care		0. 0
Private Home/With Home Health	22.7	Occ/Freq. Incontinent	of Bowel	33. 6		Suctioning		0. 0
Other Nursing Homes	5. 0					Ostomy Care		3. 7
Acute Care Hospitals	24 . 4	Mobility	_			Tube Feeding		2. 8
Psych. HospMR/DD Facilities	0.4	Physically Restrained	i	7. 5	Recei vi ng	Mechanically Altered	Diets	32. 7
Rehabilitation Hospitals	0. 0							
Other Locations	8. 0	Ski n Care				nt Characteristics		
Deaths	25. 6	With Pressure Sores		9. 3		ce Directives		88. 8
Total Number of Discharges		With Rashes		12. 1	Medi cati ons			
(Including Deaths)	238				Recei vi ng	Psychoactive Drugs		51. 4

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	This Proprietary		100- 199		Skilled		Al l		
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71. 4	80. 4	0.89	82. 6	0. 86	84. 1	0.85	84. 5	0.85
Current Residents from In-County	85. 0	74. 2	1. 15	79. 7	1.07	76. 2	1. 12	77. 5	1. 10
Admissions from In-County, Still Residing	19. 7	19. 0	1.03	22. 3	0.88	22. 2	0. 88	21. 5	0. 91
Admi ssi ons/Average Daily Census	218. 1	135. 3	1. 61	126. 4	1. 73	112. 3	1. 94	124. 3	1. 76
Discharges/Average Daily Census	226. 7	137. 7	1. 65	127. 9	1. 77	112. 8	2. 01	126. 1	1.80
Discharges To Private Residence/Average Daily Census	82. 9	57. 0	1.45	52. 7	1. 57	44. 1	1. 88	49. 9	1.66
Residents Receiving Skilled Care	90. 7	89. 4	1. 01	89. 2	1.02	89. 6	1. 01	83. 3	1.09
Residents Aged 65 and Older	94. 4	95. 9	0. 98	95. 1	0. 99	94. 3	1.00	87. 7	1.08
Title 19 (Medicaid) Funded Residents	64. 5	71.6	0. 90	70. 7	0. 91	70. 1	0. 92	69. 0	0. 93
Private Pay Funded Residents	21. 5	19. 0	1. 13	19. 5	1. 11	21. 4	1.01	22. 6	0. 95
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	43. 0	35. 9	1. 20	36. 3	1. 19	39. 6	1.09	33. 3	1. 29
General Medical Service Residents	18. 7	18. 2	1. 02	19. 1	0. 98	17. 0	1. 10	18. 4	1.01
Impaired ADL (Mean)	46. 5	47. 3	0. 98	48. 4	0. 96	48. 2	0. 97	49. 4	0.94
Psychological Problems	51. 4	45.0	1. 14	49. 3	1.04	50.8	1. 01	50. 1	1.03
Nursing Care Required (Mean)	8. 6	6. 7	1. 28	6. 5	1. 32	6. 7	1. 28	7. 2	1. 21